

REQUEST FOR REDEMPTION OF U.S. TREASURY SECURITIES  
STATE AND LOCAL GOVERNMENT SERIES  
ONE-DAY CERTIFICATE OF INDEBTEDNESS  
DEMAND DEPOSIT



BUREAU OF THE  
**Fiscal Service**  
LEAD. TRANSFORM. DELIVER.

See Instructions on Back

Pursuant to the provisions of 31 CFR Part 344, the undersigned hereby requests complete or partial redemption of U.S. Treasury Securities - State and Local Government Series One-Day Certificate of Indebtedness with the redemption date shown below. The undersigned certifies that this request for redemption complies with the requirements in 31 CFR Part 344.

**ACCOUNT INFORMATION:**

Taxpayer Identification Number: \_\_\_\_\_ - \_\_\_\_\_

Issuer: \_\_\_\_\_

Original Issue Amount: \$ \_\_\_\_\_

Treasury Case Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**REDEMPTION INFORMATION:**

Type of Redemption Request: Complete  Partial

Redemption Amount Requested: \$ \_\_\_\_\_

Enter redemption amount for partial redemption only. Any request for a partial redemption which leaves an outstanding balance of less than \$1,000 will be treated as a request for a complete redemption.

Requested Redemption Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

**Fedwire Instructions:**

Receiver ABA: \_\_\_\_\_

Receiver Name: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

\_\_\_\_\_  
(Organization)

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature) (Date) (Telephone)

**FOR BUREAU OF THE FISCAL SERVICE USE ONLY**

Processed by: \_\_\_\_\_

**U.S. TREASURY SECURITIES STATE AND LOCAL GOVERNMENT SERIES  
ONE-DAY CERTIFICATE OF INDEBTEDNESS  
DEMAND DEPOSIT**

**Instructions**

Bureau of the Fiscal Service Special Investments Branch 200 Third Street PO Box 396 Parkersburg, WV 26102-0396	Telephone Number: (304) 480-5299 Fax Number: (304) 480-5277 Internet Address: <a href="http://www.slgs.gov">http://www.slgs.gov</a> E-Mail Address: <a href="mailto:opda-sib@fiscal.treasury.gov">opda-sib@fiscal.treasury.gov</a> Governing Regulations: 31 CFR Part 344
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**Account Information:** Information pertaining to the original issue request (FS Form 5237) for State and Local Government Series securities. (Fiscal Service assigned the Treasury case number which you can find on the statement of account.)

**Redemption Information:** Indicate whether the request is a complete or partial redemption and provide the redemption date.

- If a partial redemption is requested, provide the redemption amount. NOTE: Any request for partial redemption which leaves an outstanding balance of less than \$1,000 will be treated as a request for a complete redemption.
- The request for redemption must be received not less than one business day prior to the requested redemption date for redemptions of \$10 million or less and received not less than three business days for redemptions of more than \$10 million.
- Payment will be made via the Fedwire System on the redemption date.

Fedwire Instructions:

Receiver ABA: Your bank's ABA routing number.

Receiver Name: Your organization name.

Remarks: Any additional information that should be included on the Fedwire message.

**Organization:** Organization submitting the request for redemption.

**Name and Title:** The typed or printed name and title of the person authorized to request the redemption of securities on behalf of the Issuer.

**Signature, Date, and Telephone:** The signature, date, and telephone number of the person authorized to request the redemption of securities on behalf of the Issuer.

**NOTICE UNDER PAPERWORK REDUCTION ACT**

We estimate it will take you about 03 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to this address; send to the correct address shown in the instructions.